

City of Stillwater Community Center
Stillwater Blues Festival – VOLUNTEER APPLICATION
Volunteers

Contact Information

Name	
Street Address	
City, State ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|--|---|
| <input type="checkbox"/> Weekday morning | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoon | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evening | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas of the Stillwater Blues Festival you are interested in volunteering.

- Administration (answering phones, etc)
- Logistics
- Field work (signs, banners, posters, etc)
- Fundraising
- Staging (assist w/artists & staff)
- Sales
- VIP host or hostess

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience and list organizations you volunteered with.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Please list any special abilities or disabilities you may have. Ex: Cannot lift over 25lbs.	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.